

CDL Decontamination Contractor Certification

Initial and Renewal Application Form



Renewal application must be received by the department one month before current certification expires.

Send the following:

- 1) Completed application form
- 2) Application fee* (see below for explanation)
- 3) Copy of **current** General Contractor Registration issued by Washington State Department of Labor and Industries
- 4) Copy of employee's **current** CDL certifications

Mail to:

CDL Program

Washington State Dept of Health

P.O. Box 1099

Olympia, Washington 98506-1099

Allow 30 days to process.

Business Name (As it appears on your WA State Dept of L&I contractor registration)		
Mailing Address		
City	State	Zip Code
Contact Person	Contractor Registration No.	Expiration Date
Telephone Number:	Account ID or UBI	
E-mail address:		
List CDLI certified employees. Must have a minimum of two CDL certified decontamination employees of which one employee is a cdl certified supervisor. (Attach separate sheet if necessary)	Certification No.	Expiration Date
Signature		Date

***Application Fee:**

CDL decontamination contractor certification expires annually on the expiration date of the applicant's L&I General Contractor Registration. Therefore, a CDL certification may be valid for less than one year. Calculate the fee at \$46.00 per month and count any partial month as an entire month for the purpose of calculating the fee. (For example: If your L&I Contractor Registration expires on September 12 and you apply for CDL Certification on April 23, the fee would be calculated at \$46.00 times six months = \$276.) Application fee for an entire 12 months is \$552. Make check payable to Washington State Department of Health (DOH).

CDL Decontamination Contractor Certification *Initial and Renewal Application Form*



This page is to be completed by contractors **APPLYING FOR RENEWAL** of their Certification.

For Renewal of Certification complete the following. Attach a separate sheet with a list of CDL decontamination projects undertaken during the 12 months immediately preceding this application. Include the Project's Name, Address and Date

I hereby state that my CDL decontamination contractor certification is not and was never suspended or revoked by a local, state, or federal agency.

Subscribed and sworn to before me this date:	<p>I hereby apply for a decontamination contractor certificate, as described in Washington Administrative Code (WAC) 246-205. I have read and understand, and agree to comply with all federal, state, and local regulations. I understand violation of these regulations could constitute grounds for suspension or revocation of this certificate.</p> <p>I hereby certify that the statements on this application are true and accurate to the best of my knowledge. [See Chapter 18.106 Revised Code of Washington (RCW) for False Statement or Material Misrepresentation.]</p>	
Notary Public:		
Residing at:		
My Commission Expires:		
Principal Owner's signature in ink		Date